



Washington State
Department of Revenue
Taxpayer Services
PO Box 47478
Olympia WA 98504-7478

CONFIDENTIAL TAX INFORMATION AUTHORIZATION

EXC/TIA

The Representative named on this form is authorized to inspect and /or receive CONFIDENTIAL tax information from the Department of Revenue.

1. Taxpayer Information (please type or print)			
UBI/Registration No: _____		Telephone No: _____	
Taxpayer name(s) and address: _____		Fax No: _____	
		E-Mail: _____	
		Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone No.	
2. Representative (please type or print)			
Name (include title, CPA, attorney, etc., if applicable) and address: _____		Telephone No: _____	
		Fax No: _____	
		E-Mail: _____	
3. Authorized Information (please write in appropriate tax)		Year(s) or Period(s)	
Audit, Refund, or Unlimited			
Excise Tax Return (Business & Occupation, Sales & Use, Public Utility, etc.)			
Use Tax Return (Recreation Vehicles, Boats, etc.)			
Other Taxes (Property, Forest, Real Estate, etc.)			
4. Retention/Revocation of Confidential Tax Information Authorization			
This confidential tax information authorization automatically revokes all earlier tax information authorizations on file with the Department of Revenue for the SAME tax matters and years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box. <input type="checkbox"/>			
Please attach a copy of any tax information authorization you want to remain in effect.			
5. Signature of Taxpayer(s)			
If a tax matter concerns a joint return, husband and/or wife may sign. I/We certify that I/we have the authority to execute this form with respect to the tax matter/periods covered as the owner, corporate officer, partner, guardian, executor, receiver, administrator, or trustee of the above named business.			
➤ IF THIS CONFIDENTIAL TAX INFORMATION AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED			
X	_____		
	Print Name		
X	_____	_____	_____
	Signature	Date	Title (if applicable)
X	_____		
	Print Name		
X	_____	_____	_____
	Signature	Date	Title (if applicable)
6. Make a copy of this form for your files. Mail original form to Department of Revenue.			

To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our home page at <http://dor.wa.gov>.